Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FÉE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FES and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

27405

7590

10/20/2005

THEROX, INC. 2400 MICHELSON DRIVE IRVINE, CA 92612

01/04/2006 MGEBREM2 00000031 501769

10750428

01 FC:2501 02 FC:1504

700.00 DA 300.00 DA



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Tamara J.	McGovern	(Depositor's name)
Jamason	Uc WI'II	(Signature)
January 4	2006	(Detc)
	I	CONFIRMATION NO

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/750 428	12/31/2003	Derek J. Daw	PA094-U\$	1761	

TITLE OF INVENTION: SYSTEM AND METHOD OF EVALUATING OR CALIBRATING A BUBBLE DETECTOR

APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	- \$1000	01/20/2006	
EXA	MINER	ART UNIT	CIL	SS-SUBCLASS]		
RAEVIS, ROBERT R		2856		073-001020			
FR 1.363). Change of correspon Address form PTO/SB/ "Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AN	ce address or indication of "F idence address (or Change of 122) attached. atton (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E as an assignee is identified b in 37 CPR 3.11. Completion	Correspondence (1) or a (2) region form 2 to 6 a Customer 2 to 1 liste	the names of up gents OR, altern the name of a si- stered attorney of gistered patent a d, no name will TENT (print or	ngle firm (having as a ragent) and the nam tlumeys or agents. If be printed. type)	n attorneys I_Marga n member a 2 nes of up to no name is 3	ret A. Kivins	
(A) NAME OF ASSIGN	NEE	(B) RESI		and STATE OR CO	UNTRY)		
lease check the appropriat L. The following fee(s) are	te assignee category or catego e enclosed:		n the patent) : ent of Fee(s):	☐ Individual ☑ C	orporation or other private g	roup entity U Government	
K Lissue Fee			A check in the amount of the fee(s) is enclosed.				
	small entity discount permitte	· —	Payment by credit card, Form PTO-2038 is anached.				
Advance Order - # o	of Copies	Dopos	The Director is hereby authorized by charge the required fec(s), or credit any overpayment, to Deposit Account Number 5.01.769 (enclose an extra copy of this form).				
a. Applicant claims 9	s (from status indicated above SMALL ENTITY status. See	37 CFR 1.27. 🔲 b			LL ENTITY status. See 37 C		
ne Director of the USPTO OTE: The Issue Fee and I terest as shown by the rec	is requested to apply the Iss Publication Fee (if required) veords of the United States Pat	ee Fee and Publication Fe vill not be accepted from out and Trademark Office	e (if any) or to to unyone other tha	-apply any previous n the applicant; a regi	y paid issue fee to the applic stered attorney or agent; or i	the assignee or other party in	
Authorized Signature 1	gargaret At	ivinski		Date Jan	nuary 4, 2006		
Typed or printed name Margaret A Kivinski			Registration No. 38517				
nis collection of informati application. Confidentia hypotring the completed a	ion is required by 37 CFR 1.3 lity is governed by 35 U.S.C.	11. The information is rec 122 and 37 CFR 1.14. T O. Time will vary denoted	uired to obtain on the collection is line upon the in	er retain a benefit by the estimated to take 12 this dividual case. Any continued the second case are second to the second case and the second case are second case.	he public which is to file (ar minutes to complete, includi mments on the amount of t	nd by the USPTO to process ing gathering, preparing, and ime you require to complet	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Parents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.